



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Ernest Reed Date of Request: 2-24-04
 ID # 111914 Date of Birth: 11-23-55 Location: 10-A-114

Nature of problem or request:

Need to see doctor about getting
back on my medication

Ernest Reed

Signature

DO NOT WRITE BELOW THIS LINE

Date: / /

Time: AM PM

Allergies: _____

RECEIVED

Date: _____

Time: _____

Receiving Nurse Initials _____

(S)ubjective:

Sell Note
ON 2-27-04

(O)bjective

(A)ssessment:

Refer to Mental
Health
SB

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE EMERGENCY

If Emergency was PHS supervisor notified: Yes No
 Was MD/PA on call notified: Yes No

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Ernest Reen Date of Request: 2-10-04
 ID # 111914 Date of Birth: 11-23-55 Location: 10-A-114
 Nature of problem or request: Pain from Hernia

Ernest Reen
 Signature

DO NOT WRITE BELOW THIS LINE

Date: ____/____/____
 Time: _____ AM PM
 Allergies: _____

RECEIVED
Date: _____
Time: _____
Receiving Nurse Initials _____

(S)ubjective:

(O)bjective

(A)sessment:

(P)lan:

Waiver Signed

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()
 Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name:

Ernest Reed

Date of Request:

2-2-04

ID #

111914

Date of Birth:

11-23-55

Location:

10-A-114

Nature of problem or request:

pain from hernia and
need to see psychologist.Ernest Reed

Signature

DO NOT WRITE BELOW THIS LINE

Date: ____ / ____ / ____

Time: _____ AM PM

Allergies: _____

RECEIVED

Date:

Time:

Receiving Nurse Initials _____

(S)ubjective:**(O)bjective****(A)sessment:****(P)lan:**

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

C Cooley CRP

CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

3 2004



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Ernest Reed Date of Request: 1-22-04
 ID # 111914 Date of Birth: 11-23-55 Location: 10-A-114
 Nature of problem or request: Severe pain in Stomach

Ernest Reed
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 1/26/04
 Time: 11:00 AM PM
 Allergies: NLA

RECEIVED

Date:
 Time:
 Receiving Nurse Initials _____

(S)ubjective: "I have pain from a hernia +
 I need to see the dentist."

(O)bjective: Wm to HCU for abd pain from a hernia +
 needing to see dentist to have a tooth pulled.
 (A)sessment: Skin w/ID to touch wt 182# T98° R 16 P 78

All in comfort abd tooth pain & hernia pain

(P)lan: Refer to

Refer to: MD/PA Mental Health Dental Daily Treatment

1/26/04 CIRCLE ONE

Return to Clinic PRN

Check One: ROUTINE EMERGENCY

If Emergency was PHS supervisor notified: Yes No

Was MD/PA on call notified: Yes No

Braunell Lp

SIGNATURE AND TITLE

JAN 23 2004

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

Diagnosis	Nurse's Signature	Initial	Nurse's Signature	Initial	Documentation Codes
	<i>D. Roth</i>	<i>RE</i>	<i>R. Ewing (P)</i>		1. Discontinued Order 2. Refused 3. Patient out of facility 4. Charted in Error 5. Lock Down 6. Self Administered 7. Medication out of Stock 8. Medication Held 9. No Show 10. Other
Allergies			<i>S. Smith</i>	<i>RE</i>	
Housing Unit:	Population	<i>Frontier Ranch</i>	<i>Janice</i>	<i>P</i>	
Patient ID Number:	111914	<i>Stay Bldk N</i>	<i>Marguerite</i>	<i>MR</i>	
Patient Name:			Date of Birth:		
Reed, Ernest					

Facility Name:	Month/Year of Charting:																															
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Zantac 150mg + Bid x 90	Start Date:	7/9/05	Prescriber:	Dr Dugay																												
	Stop Date:	10/9/05	RX #:																													
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Zantac 150mg + po Bid x 180d.		See New Order																														
		HOP																														
		Start Date:	9/19	Prescriber:	Darbouze																											
		Stop Date:	3/19/06	RX #:																												
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Δ Zantac to 150mg po Bid x 90d.		No																														
		HOP																														
		Start Date:	9/23	Prescriber:	Darbouze																											
		Stop Date:	12/23	RX #:																												
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		No																														
		HOP																														
		Start Date:		Prescriber:																												
		Stop Date:		RX #:																												
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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		Start Date:		Prescriber:																												
		Stop Date:		RX #:																												
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		HOP																														
		Start Date:		Prescriber:																												
		Stop Date:		RX #:																												
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		No																														
		HOP																														
		Start Date:		Prescriber:																												
		Stop Date:		RX #:																												
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		No																														
		HOP																														
		Start Date:		Prescriber:																												
		Stop Date:		RX #:																												
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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		HOP																														
		Start Date:		Prescriber:																												
		Stop Date:		RX #:																												
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		No																														
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		Stop Date:		RX #:																												
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		No																														
		HOP																														
		Start Date:		Prescriber:																												
		Stop Date:		RX #:																												
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		No																														
		HOP																														
		Start Date:		Prescriber:																												
		Stop Date:		RX #:																												
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		No																														
		HOP																														

Sed

Diagnosis	Nurse's Signature	Initial	Nurse's Signature	Initial	Documentation Codes
	(Barcia Jdn	CS	Dinner R	R	1. Discontinued Order 2. Refused 3. Patient out of facility 4. Charted in Error 5. Lock Down 6. Self Administered 7. Medication out of Stock 8. Medication Held 9. No Show 10. Other
Allergies	L. Ewing (PN)	LE	J. Snod	SJ	
Housing Unit: Population	J. Dawkins (pn)	JD			
Patient ID Number: 111914					
Patient Name:	G. Wachoff (m)	GW			
Reed, Ernest			Date of Birth:		

MEDICATION ADMINISTRATION RECORD

07/01/2005

STDT01

(EAS-474) EASTERLING CORR. FACILITY

MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29		
		NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																															
CHARTING FOR		07/01/2005		THROUGH		07/31/2005																											
Physician	DARBOUZE M. D. (MED D. JEAN ALFRED)																										Telephone No.		Medical Record No.				
Physician																											Alt. Telephone						
Allergies	NO KNOWN DRUG ALLERGY																										Rehabilitative Potential						
Diagnosis																																	
Medicaid Number		Medicare Number		Complete Entries Checked:																						Title:		Date:					
PATIENT		REED, ERNEST		By:		<i>DSher</i>																		<i>g</i>				<i>6/28/05</i>					
																										PATIENT CODE		ROOM NO.		BED		FACILITY	
																										111914		1					